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Karen Pratt and Mandisa Mbaligontsi

Abstract

This article describes the use of transactional analysis in psychosocial support programs for community care workers in South Africa. The authors discuss the context and development of this work as well as the modifications made to transactional analysis models to ensure their relevance to the communities being served. The theory of the Cultural Parent and cultural shadow (Drego, 1996) is one aspect that informs the methodology of the wellness programs. The work is also supported by the use of Capacitar techniques (Cane, 2000) and creative activities. The relevance of various learning philosophies (Newton, 2003) to support and influence the transformative elements of the work is detailed, and the social impact of this work with grassroots community care workers is discussed.

Keywords

grassroots, women, transformation, care workers, transactional analysis, cultural script, health, voice, self, South Africa

Context and History

South Africa's HIV/AIDS pandemic is considered to be the largest in the world, with more than 5 million South Africans living with the disease (Du Plessis, Bean, Schoeman, & Botha, 2011). In the early 2000s, the unprecedented rise of this disease placed a heavy burden on South Africa's already limited health resources, and, as a result, home and community-based care (HBC) services became an important aspect of the country's health care. Now called community care workers (CCWs), these dedicated people—mostly women but with a growing number of men—work selflessly with little support or remuneration.

Political Past

Although South Africa held its first democratic elections in 1994 when Nelson Mandela became president, the effects of years of apartheid still have a big impact on people here. The majority of those affected by and infected with HIV/AIDS come from previously disenfranchised and oppressed groups. Poverty and lack of education and job opportunities add challenges to the AIDS pandemic.

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Many of the CCWs, as well as their patients, come from this disadvantaged group. Their living spaces are small, crowded, and often temporary. A large percentage of people affected by HIV/AIDS and their families are unemployed. Close to 3.8 million children have been orphaned by the AIDS pandemic (Du Plessis et al., 2011). In the early 2000s, the denial around AIDS by former president Thabo Mbeki and his government negatively impacted the rollout of antiretroviral (ARV) medication, which added to the burden of those needing treatment and care.

Context of Community Care Workers

It is from this context that CCWs emerge. Many tell stories of being young teenagers at home having to care for an ill parent or grandparent. This inspired them to continue to do this much needed work by volunteering with a nongovernmental organization (NGO) offering home-based care services. Many are themselves HIV positive. They experience bereavement in relation to both family members and patients and are often severely traumatized and burned out. Yet they feel compelled to continue their caring work.

A wide variety of NGOs have sprung up to coordinate this work. Funds are limited, staff come and go frequently, and many NGOs lurch from crisis to crisis. Self-care and wellness are often lost in the process, despite the fact that these are crucial for CCWs and the sustainability of the services they offer.

Roles of Community Care Workers

Most CCWs live in the communities in which they work. Their role is to identify vulnerable individuals and families and to ensure that they receive the health care they need. The training of CCWs equips them to offer basic primary health care directly to people in their homes and to provide preventive health services that aim to decrease infant mortality, combat HIV/AIDS, decrease the burden of disease from tuberculosis, and strengthen and support health system effectiveness. There are around 72,000 people providing this service in their communities, mostly employed with minimal stipends by NGOs (Strengthening South Africa's Response to HIV and Health [SARRAH], 2012, para. 2-4).

Support for Community Care Workers

The AIDS Response Trust, now called the Wellness Foundation, was started by the Grail Centre Trust in 2001. An international faith movement of women, Grail was formally established in South Africa in 1950. The initial Catholic ethos soon expanded to become interdenominational, and Grail members played an important role in conscientizing (Ledworth, 2005) people to the racial injustice of apartheid laws. Conscientizing is the process of awakening people's awareness about political and socioeconomic contradictions with the aim of fostering collective action. In the 1970s, Grail members came across the work of Brazilian educator and philosopher Paulo Freire and developed his philosophy and practice into a training course called Training for Transformation (Hope & Timmel, 1984). This training continues to run successfully in many African countries.

A group of dedicated people from the Grail sought ways of responding to the rising HIV/AIDS epidemic and saw the need to provide psychosocial support and care for the burgeoning number of CCWs. Two members of the Grail, Diane Salters, a Provisional Teaching and Supervising Transactional Analysis (psychotherapy) at the time, and Samkele Mhlanga, designed and ran the first Care for Carers workshops in 2001. Brendah Gaine, a Certified Transactional Analysis trainee (education) at that time, joined the team, and together they continued to develop the workshops. Their belief in the powerful social application of transactional analysis ensured that TA models became an integral part of the program.

One of the authors of this article (Karen), who was at that time a Certified Transactional Analyst trainee (education), was invited to become part of the facilitator team of AIDS Response Trust in 2006. She has continued to work as a facilitator and more recently as a trainer and supervisor for new facilitators. The other author (Mandisa) joined the full-time staff of AIDS Response Trust in 2010 as the in-house trainer responsible for most of the workshop facilitation.

Currently, the Wellness Foundation works at two levels: with CCWs working in the field and with middle managers who make the decisions. After attending workshops, CCWs often remarked that it was difficult when they returned to their organization with new understandings and ways of looking at interpersonal dynamics but management did not share the same understanding of psychological processes. Thus the Ndiyaphila Programme was born. Ndiyaphila is part of the greeting in isi-Xhosa and means "I am well." The name reminds people of the importance of developing physical, emotional, and psychological wellness. Ndiyaphila is a year-long capacity-building program for managers, the key feature of which is helping them to understand and negotiate the use of power and influence within organizational settings. In this context, the concepts of strokes (Steiner, 1971) and ego states (Berne, 1961) become real and alive in staff and talent management.

The director of the Wellness Foundation has described the work as follows:

Our mission is to mobilise and support individuals, organisations and communities to respond in a caring, creative and sustainable manner to the challenges they face. Our core work is based on a range of self-care workshops and retreats aimed at identifying common responses to stressful events, and then equipping participants with the necessary information, skills and contacts to successfully manage the impact of these stressors. (Roeland, 2013)

Methodology

The content and process of both levels of the Wellness Foundation programs rely on three pillars: popular education (Freire, 1970/1996), Capacitar (Cane, 2000), and transactional analysis.

The popular education philosophy of Freire—in which the needs, lived experience, and wisdom of the group play a pivotal role—underpins the style of learning in the program. The CCWs are most accustomed to the liberal philosophy style of learning (Newton, 2003), which is based on the idea that learning is the transmission of knowledge from teacher to student. Freire (as cited in Hope & Timmel, 1984) referred to this style as the "banking" approach: Students are viewed as empty vessels needing to be filled with knowledge, with the teacher actively telling and the students passively absorbing the information that the teacher has decided is best for them. In terms of the philosophies of learning developed by Newton (2003) from the work of Elias and Merriam (1980/1995), the program favors a combination of the humanistic and radical philosophies. The humanistic philosophy is based on the idea that "training ensures that all involved have the opportunity for self-development and self-actualization," and the radical philosophy is based on the premise that "training is a liberating and empowering process through which people can influence and change their world" (p. 322). The recent involvement of CCWs in advocacy work to ensure that their rights are recognized at a governmental level is a powerful example of the radical philosophy of learning by which the personal translates into the political and previously disenfranchised people find their voice and power.

Capacitar is a collection of self-help tools drawn from a range of ancient and indigenous practices that were put together to empower people at the grassroots level in Central America in coping with trauma. In traumatized communities, "healing . . . means not just alleviating individual symptoms, but also addressing the healing of both personal and communal systems" (Cane, 2000, p. 7). Cane was particularly influenced by ancient cultures from places such as China and Tibet, where people are comfortable and familiar working with energy and meditative states. Such individuals are found to suffer less from traumatic stress because they have learned to move blocked energy and live more in balance. Capacitar tools are described as body-mind-spirit practices and include techniques such

as mindful breathing, massage, body holds, tai chi, pal dan gum (a form of qi gong), and energy and acupressure work.

Capacitar resonates with indigenous African traditions and practices. The latter take into account the whole person and are aware of opening energy blocks and flows. Among the features that Capacitar and indigenous practices share are the importance of touch and of keeping in mind “us” rather than “me.” Although Capacitar was developed from Eastern practices, people are encouraged to adapt the language and imagery in ways that are relevant for their culture. So, for example, during visualizations with some of the movements, CCWs are encouraged to name their contextual stressors; they might visualize pushing away the scourge of rape and welcoming in an attitude of respect for women and children.

Currently, no African indigenous practices are comparable to Capacitar’s in terms of empowering the individual and community with self-healing tools to mitigate the impact of vicarious trauma. The biggest difference between Capacitar and local indigenous practices is that the latter require an abundance of resources (money and time) in order to consult an expert. These experts are faith healers, commonly known as *isangoma* or *umthandazeli*, and they operate within a complex system with different payments at various stages of their consultation. In contrast, Capacitar tools are readily learned, and once learned, are easily transferable from the individual to the community. This creates a shared experience of healing and a move toward “I’m OK, You’re OK.”

Using Freire’s popular education philosophy, we link these practices to something that people already know. For example, people usually light *imphepho* (dried herbs) before praying or communing with their ancestors. We link this to the Capacitar practice of having a decorative cloth, candle, and some objects from nature in the center of the circle as a focal point and a symbol of stepping out of the usual role of care worker and shifting the emphasis to caring for the self while doing some self-reflective work. This facilitates “a time for us” that is important for CCWs, whose primary motivation is to be always helping others.

Transactional Analysis Tools

The transactional analysis models that form a part of the program are strokes (Steiner, 1971); life positions (Ernst, 1971), which are taught as windows on the world (Hay, 1993); ego states and transactions (Berne, 1961), which are taught as the OK-OK communication model (Pratt, 2011); and the drama triangle (Karpman, 1968) and the winner’s triangle (Choy, 1990). The programs have developed and been modified over the past 12 years to meet the changing circumstances of the NGO sector.

The Power of Contracting

Berne (1966) defined a contract as “an explicit bilateral commitment to a well-defined course of action” (p. 362). Berne and other authors have referred to three levels of contracting (Hay, 1996; Napper & Newton, 2000): administrative, professional, and psychological. With CCWs we have represented this concept with the image of an iceberg to show the need to do the second and third levels of contracting, the levels that are mostly hidden.

Many CCWs have strong cultural injunctions (Goulding & Goulding, 1976) of Don’t Be Important and Don’t Be You. In particular, most CCWs are women who live in a strong patriarchal culture that reinforces their Don’t Be Important injunctions. In addition, coming from living under the apartheid regime’s oppressive policies, many CCWs have internalized an “I’m not OK, You’re OK” attitude. Their learning experiences have been mostly from a liberal philosophy (Newton, 2003) that asserts that “training is the way we pass on and maintain our knowledge, culture, and values” (p. 322). They are used to a way of learning in which the teacher tells and the student listens.

Much of the psychological work we do with CCWs is to enable them to begin to feel a sense of self-worth and to grow in their ability to be assertive. The most important permissions that they need are “I am valuable, my needs are important, and I can appreciate myself.” There is the potential for them to receive those messages in both the contracting process and the learning activities that follow.

Cocreating the contract is paramount for establishing psychological safety and invites CCWs both to engage fully with the work and to own the process. They experience the modeling of “I’m OK, You’re OK” right from the start of the workshop, even if it is not stated explicitly. During the workshop, the contract is always left open for renegotiation, which is new for the CCWs. In their organizations, they mostly experience a contract as something imposed by an authority that is primarily used punitively and is never negotiable. In a wellness workshop, they often experience for the first time having an authority figure ask them about their expectations for the workshop and how they would like to work together.

This way of contracting is, in itself, a way of beginning to create a healthier life plan (Newton, 2006). As Summers and Tudor (2000) pointed out from the perspective of social constructivism, “Meaning constantly evolves through dialogue, and therapy [and learning] is the cocreation, in dialogue, of new narratives that provide new possibilities” (p. 24).

Not only do workshop participants contract for their learning as a group, they are encouraged to contract with themselves to be open to learning. We do this by inviting each person to set his or her intention for learning for the day ahead. It is often a new awareness for CCWs that they can take their power and contract with themselves to do something. It is refreshing for people to be able to decide, for example, how they want to be given feedback by others in the group. When we explore transactional analysis models, we remind participants of their contracts with themselves and prompt them to explore what action they will take. For example, because of the contract of confidentiality, a participant shared that there was a great deal of corruption at her NGO. Receiving the group’s support and encouragement enabled her to make sure that her own well-being was taken care of. She had been doing many tasks above and beyond her role as a caregiver, and she decided to ask for a clearer job description and contract so that she could receive the salary that was a fair reward for the extra work that she was doing.

Modeling the Transactional Analysis Philosophy as Cofacilitators

The workshops described here are usually led by two cofacilitators, in part so that they can model the “I’m OK, You’re OK” attitude in their way of being with each other. Some of the most powerful modeling that the group sees occurs when facilitators negotiate with each other in front of the group. Facilitators model sharing by taking turns leading a learning session and then ensuring that they each build on what the other said, openly giving positive strokes to each other and the group. This model differs from what CCWs are accustomed to in their organizations. Those environments do not offer a culture where people are used to being heard, and often coordinators and team leaders do not collaborate and/or ask for each other’s opinion. In the hierarchy of roles in NGOs, not knowing is considered a sign a weakness.

In facilitating this work, we have learned that who we are inside—our essence—and how we embody the transactional analysis philosophy is as important as what we teach, that our doing must be supported by our being. This impacts our attitude and relationship with ourselves as well as our attitudes and ways of being with each other and the workshop participants. We hold the fundamental belief that all people are OK, creative, resourceful, and whole.

We believe that it is important for us to have our own inner practice (e.g., meditation, times of solitude in nature, creative activities, spiritual practices, etc.) and times of reflecting on our work. Using supervision to reflect on and deepen our practice is paramount for ensuring our well-being. We find Newton’s (2012) supervision triangle useful in that it highlights the three aspects of management,

support, and development. This provides support for the often emotionally challenging work we do as well as developing and deepening our practice and ensuring ethical and appropriate work.

Tudor (2003) described the dynamic integrating Adult as “a pulsating personality, processing and integrating feelings, attitudes, thoughts and behaviours appropriate to the here-and-now—at all ages from conception to death” (p. 201). For us, the practice of mindfulness is an important way of expanding and deepening the integrating Adult. Kabat-Zinn (1994) described mindfulness as follows: “Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (p. 4). We view this as another way of describing a quality of the integrating Adult.

When faced with challenging and deeply disturbing stories of loss and trauma, it is important to take care of our beingness because that supports us in doing this work.

Cultural Script

Viewing this work through the lens of cultural scripting as described by Berne (1963/2001) and Drego (1983, 1996) highlights its importance. Berne’s concept, taken up by Drego, suggested that there are three aspects of culture: the rational (technicalities), the traditional (etiquette), and the emotional (character). Drego (1996) claimed that the power of a culture over the behavior of its members lies in the character and its restrictions in the form of cultural injunctions or permissions that prevent or enable. In her work with Gujar women, she realized that the impact of culture is not just in the Parent ego state but also in the Child ego state. The women described a gut-level feeling of being pulled toward the group’s expectations. CCWs also find it difficult to break away from their current cultural norms and stereotypes.

Cultural Shadow

Drego (1996) described the part of the Child that feels the impact of the Cultural Parent as the *cultural shadow* and diagrammed it as part of the Parent in the Child (P_1) structure in the Child ego state (C_2). Berne (1972/1978) called the P_1 *the electrode* to describe how the “demons and witches” (Berne as cited in Drego, 1996, p. 66) are introjected from the Parent in the Child (P_1) of the parental figures. This is where injunctions are internalized. For example, a young Xhosa man, a journalist and radio personality in South Africa, described that rationally he knew that the opposition political party was effective and would provide a better option for the future of the country, and he had decided to vote for its candidate in the next election. But when he got into the ballot box, he could not go through with his decision and almost instinctively found himself putting his cross next to the political party in power—the party that had fought for the liberation of black people in South Africa. This shows the power of the cultural shadow: a sense of “It’s always been like this” and “I have to be loyal to the group.”

Engaging the Child to Impact the Cultural Script

Cornell (2008), writing about brain research that impacts thinking about the Child ego state, drew on the work of Bucci (1997). She described subsymbolic processes, beyond language, that underlie symbolic representations and reveal levels of organizing our experience through sensorimotor rather than cognitive learning. “These sensory experiences occur in consonance with somatic and visceral experiences of pleasure and pain. . . . These direct and integrate emotional life long before language is acquired” (Bucci as cited in Cornell, 2008, p. 151).

We have found that doing creative work and engaging the Child is a way to diminish the cultural shadow and lessen the influence of injunctions. We postulate that, for example, working with clay is using C_1 (the Child within the Child ego state or C_2) energy and so is more successful accessing the

P₁ cultural shadow than purely cognitive work that might be mainly in the Adult ego state (A₂). Using symbolic language or working creatively with images seems more powerful than Adult factual talk, and the tactile and somatic experience of molding clay accesses those deep preverbal sub-symbolic processes. From within their Child ego state, CCWs become engrossed with their lumps of clay, creating images that represent finding their voice or moving to a space of being caring (Choy, 1990) rather than Rescuing. They create images that carry significance for them. For example, one woman created a chair and commented, "I can now sit on a chair rather than on the floor," thereby indicating that she was claiming her power and breaking the cultural tradition of having to sit on a mat on the floor when she visited her husband's family.

After the creative activities, we shift back into more cognitive work, such as planning what participants would do differently with their new awareness. This work in the Adult seems to consolidate the creative work in the Child and reinforce their new decisions. Because cultural injunctions are held in P₁ and are mostly preverbal, change does not occur after only one experience of receiving permission to believe in themselves. These shifts must be consolidated over time, which is why we provide workshops in stages over the course of a year. We also find that Capacitar tools impact the cultural shadow. For example, after learning about the importance of the CCWs giving themselves strokes, we would frame the Capacitar tai chi move called *the shower of light* as a way of giving themselves and their community positive strokes.

The Power of Group Affirmations to Impact the Cultural Script

Just as Dreger (1996) found power in working with group affirmations with Gujar women, we also see the power of group affirmations and recognition in our work with CCWs. One of the exercises we use, after explaining the concept of strokes and the stroke economy (Steiner, 1971), is to divide the participants into small groups of five. They are then asked to write down something that they appreciate about each person in their group. They write on a heart-shaped piece of paper and also create one for themselves. After they are done, each person is given the verbal appreciation supported by the paper heart, which they then keep. In this way they experience permission to undo some of the myths around giving and receiving strokes and especially stroking themselves. Such myths might include that it is not OK to give themselves strokes when they have done well or to show love to themselves. They believe someone else must show that first before it can be accepted and only then can they believe it to be authentic. Participants have strong emotional responses to this process and often end up tearful and hugging each other in appreciation. One woman said, "Everyone in my group told me that I was brave and would go far, so maybe it is true and I can start to believe it." We find that this is another way of impacting the cultural shadow.

Developing the Language and Other Adaptations to Meet Cultural Needs

Working with people at a grassroots level in South Africa presents many challenges. One is the low level of literacy, particularly in rural areas where the use of English is rare. To address the needs of the community, Wellness Foundation embarked on a project in the rural Eastern Cape, an area predominantly inhabited by Xhosa-speaking individuals, to translate transactional analysis concepts into the indigenous language. One goal was to keep the integrity of transactional analysis while making the language as "plain speak" as possible; another was to ensure that the words were clear and consistent with an ethos of respect and in keeping with the local dialect. Some English words do not exist in Xhosa or do not have the same meaning, so the aim was to find words that were similar or conveyed the same meaning.

In the following sections, we describe the models used in the work and some of the modifications that allowed them to be better integrated into the communities served.

The Drama Triangle

Among transactional analysis models or tools, CCWs have the most affinity with the drama triangle (Karpman, 1968) because it is easy for them to identify themselves in the roles of Victim, Rescuer, and Persecutor. Since care work is largely unrecognized and underpaid, most caregivers find themselves in the Victim position from their perspective and experience of their work as well as from the cultural expectations that are placed on them as women. They readily identify themselves both as victim and Victim, that is, as victims of social oppression as well as having the feeling of helplessness and inability to ask for help that characterizes the psychological role of Victim. It is important for them to be reminded of other victims of the apartheid system who suffered injustices. The most powerful example is Nelson Mandela, who, after being imprisoned for 27 years, became a figure of reconciliation in South Africa. This makes the point that people can suffer injustice but not remain a Victim. The word *Victim* in Xhosa is literal, and trying to find an appropriate meaning for it that can convey the sense clearly was a challenge. In the end, a word was used that is a literal translation, and conveying the nuances of it is left to the person explaining the material.

The Winner's Triangle

In her work, Choy (1990) used the term *vulnerable* as an alternative to the word *Victim* as it is used in the drama triangle. This is one of the terms that does not convey the same meaning among CCWs. They are surrounded by families in which children as young as 7 or 8 are looking after even younger children because their parents have died of AIDS. One of the categories of people who are the recipients of concern and support in the community is orphans and vulnerable children (OVC). The closest Xhosa word for the essence of what vulnerable means in the context of the winner's triangle is *igorha*, which in translation means *hero*. The literal translation and cultural understanding of the word vulnerable means to be in a disempowered position; it is like saying that someone is naked. The phrase *finding your voice* to convey the meaning of standing up for oneself, asking for what one needs, and problem solving helps CCWs to understand the implications of this role on the winner's triangle.

Strokes

In teaching the model of strokes (Steiner, 1971), we describe it as *appreciation*, which is easier to translate. The concept of a *stroke tank* is used (source unknown) and expanded to include different levels. The CCWs are familiar with the concept of water tanks, which will not provide water if they are empty. This helps link the concept of strokes with their understanding of stress and its impact. The image of filling their tank with positive strokes reinforces their realization that they need to find ways to minimize their stress through activities that nurture and support them. The CCWs are encouraged to reflect on their level of positive strokes as well as to realize how negative strokes can demoralize them. They are invited to think of how they protect themselves against this, and many creative and symbolic ideas emerge (e.g., imagining that they are wearing a raincoat that makes negative strokes run off them). In this way, CCWs claim back their power and give themselves permission to refuse negative strokes, especially when they come from a contamination and an "I'm OK, You're not OK" place in the giver.

Windows on the World

We teach the concept of life positions (Ernst, 1971) as adapted by Hay (1993) as *windows on the world*. The idea of getting a different view from each window (life position) makes this model of our inner attitudes easier to grasp.

Temple (2000) first suggested color coding the various quadrants of a life-position diagram for ease of reference. We chose colors to illustrate the emotions associated with different windows: yellow (positive, present, hopeful) for the “I’m OK, You’re OK” window, blue (depressed, feeling blue) for the “I’m not OK, You’re OK” window, red (aggressive, seeing red) for the “I’m OK, You’re not OK” window, and grey (hopeless) for the “I’m not OK, You’re not OK” window. These visual cues help CCWs cement their learning and provide a visual association with the emotion they are experiencing. CCWs talk of trying to be in the yellow window as an indication of the OK-OK state or of being in the blue window to indicate their feeling of “I’m not OK, You’re OK” in their relationships. The visual cues are especially important because of the low literacy level of most CCWs.

An important way to consolidate the learning in this area comes through inviting the CCWs to role play their lived experiences in the clinics and with their patients. After a small group acts out a scenario, the rest of the group analyzes which window each person was in and how the outcome was impacted. If there was an unsatisfactory outcome, the group suggests how a more satisfactory outcome might be achieved by shifting into the yellow window, and the role players then try out a different style of communication.

The OK-OK Communication Model

In the OK-OK communication model (Pratt, 2011), two of the Parent modes were adapted to use terms that were more easily understood by CCWs, for many of whom English is a third language (Figure 1). One of the major challenges is to describe the ego state positions. For instance, in the Xhosa language, Parent denotes one who has given birth and is thus called a parent, Child is someone who is a child by birth, and Adult is a person above a certain age. To describe these states, we use similes and speak of being Parent like, Child like, and Adult like. This allows us to explain these as states of psychological being, not actual roles in life.

One way to help workshop participants understand this is to use two sets of three hoola hoops on the floor to represent the Parent, Adult, and Child ego states of two people. Once again, we use the lived experience of the CCWs by inviting role plays with people standing in and moving around the different hoops. In this way, an invisible intrapsychic shift that results in observable behavior can be played out via the hoops, and the types of transactions can be easily seen. Participants soon notice that transacting from within the OK-OK box (using the positive modes of Parent and Child) means that both people stay OK and in the yellow window. They notice that their underlying attitude of OK or not-OK results in different sorts of transactions. For example, a manager might realize that she can be firm and in charge from an assertive mode rather than a dominating one and that this will invite cooperation rather than resistance from the CCW.

Cox (1999) depicted the relationship between ego state structure and function as the structural Adult being able to manifest interpersonally through any of the five categories of the functional model. Tudor (2003) described this as the integrating Adult. Pratt (2011) diagrammed this as the OK-OK box, that is, the functional manifestation of the integrating Adult. People understand that developing and using the range of ego state responses from within the OK-OK box—what Temple (2009) called *functional fluency*—provides them with the greatest chance of effective communication.

Key Messages

As the work continues unfolding and we see it impacting and transforming lives, we have identified the following factors as key in the process.

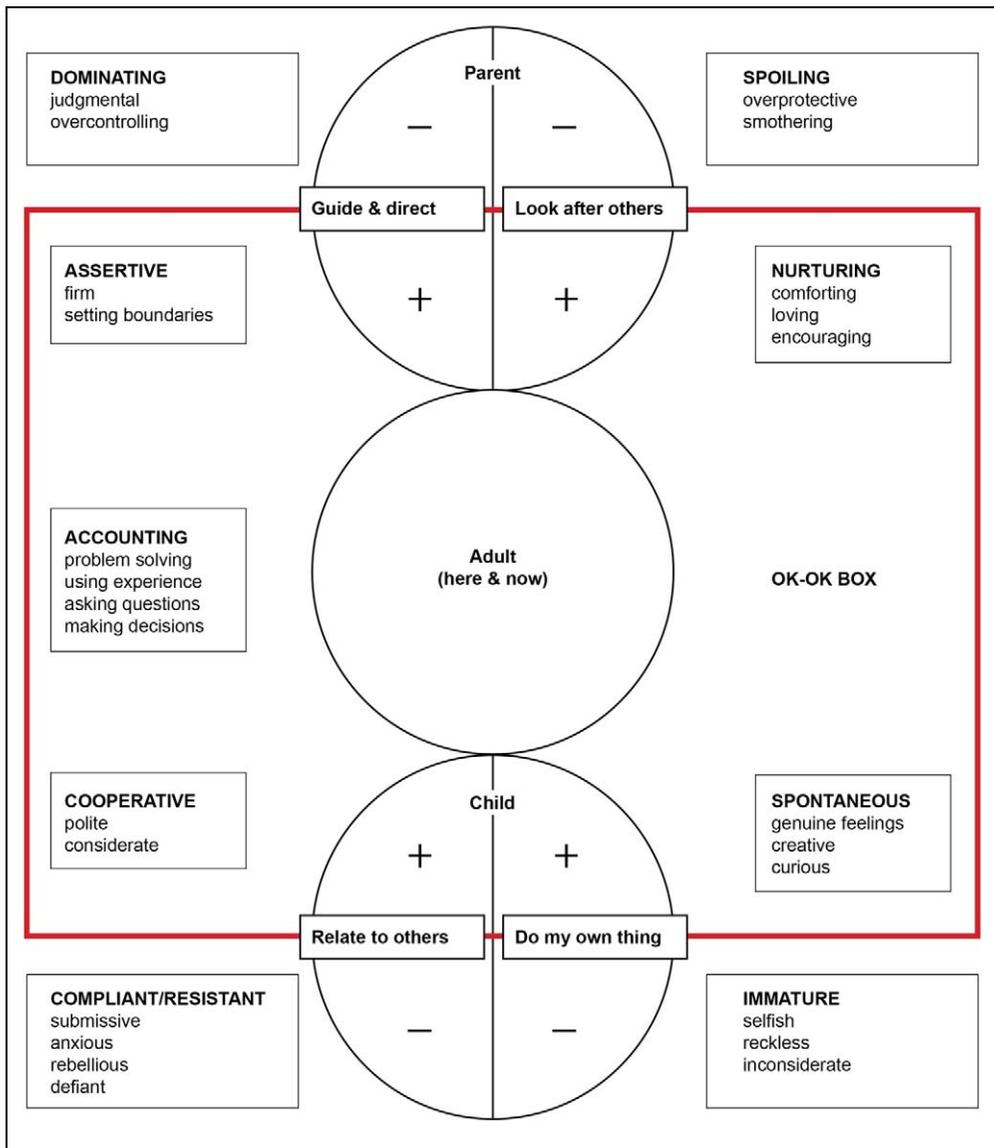


Figure 1. OK-OK Communication (adapted from Pratt, 2011 and modified from Temple, 2009).

Reframing People's Lived Experience

By using the learning philosophies and methods described here, we help people reframe what they already know. For example, in using the drama triangle, people see themselves readily and clearly, for example, “I need to stop being a Rescuer and become more of a helper.” The CCWs understand the difference between Rescuing and helping, with helping coming from an “I’m OK, You’re OK” place of respect and responsiveness with shared responsibility. The models invite easy recognition of individuals’ beliefs and behavior patterns, and by using the models in the context of a health system (Newton, 2007), CCWs find options for change.

Inviting New Possibilities

The frame of reference (Schiff, 1975) and dynamics of power during the apartheid regime left many people with an entrenched sense of having no power and no voice. What CCWs need most is permission to speak and be heard and for their life experiences to be taken into account (Hay, 1993) and seen as valuable. This is important for redressing the inequalities of the apartheid system and enabling the creation of new life plans. When someone in the group asks a question, the facilitator directs it back to the group rather than provide an answer. Participants often comment that the way the facilitators make the models come alive and invite participants to share their lived experience in exploring the models makes them, as participants, feel very knowledgeable. The theory makes sense to them because it is linked to their lived experience, and their own wisdom is acknowledged. This then reinforces the strokes that they have received and starts to establish a new sense of self-confidence.

This work can perhaps be best described in the terms used by Summers and Tudor (2000). In discussing how “the postmodern perspective suggests that ego-state structures do not preexist prior to transactions, but are cocreated within and elicited through our transactions” (p. 36) and how significant the relationship is in inviting new possibilities, they wrote, “Perhaps we need to see ourselves as transactional *designers* as well as transactional analysts” (p. 37).

Autonomy and Homonomy

Salters (2011) described the tension between autonomy and homonomy in the model of spiral dynamics. In the work with CCWs, we see both sides. Most African cultures resonate strongly with being “we” cultures. The African philosophy of ubuntu—“I am because you are”—underpins peoples’ lived experiences. Especially in the helping role of caregiver, much focus is put on helping others. For example, CCWs tell of arriving to visit an ill person in his or her home and finding that the family has not left any food for the patient. The CCWs know that antiretroviral medication must be taken with food, so they use what little money they have to buy and cook some porridge. During the course of our work, however, we begin to see signs of them holding the tension between “we-ness” and “I can be.” In learning and growing together, there is often first a move from “I’m not OK” to “We’re OK” (Mountain & Davidson, 2010) and then to “I’m OK.” Although the focus and context of the learning is on their role as CCWs, it permeates their personal relationships as well.

One inspiring success story concerns a young CCW who, when asked to share her dream, said that one day she was going to be the matron of a hospital, a long way from where she was as a volunteer caregiver. One of us (Karen) mobilized funding and support for her, and 3 years later she has graduated as a staff nurse, a few steps closer to realizing her dream of running a hospital.

Solidarity and Advocacy

Understanding and embodying transactional analysis helps people to find pockets of solidarity and to unite in working for a common cause. As people grow in appreciating and believing in themselves, in finding their voices, and in shifting out of their Victim mentality of waiting for others to ameliorate their circumstances, they become involved in the important work of lobbying the government for their rights. Some have come together to form a committee that lobbies for a decent wage and due recognition of their important work as part of the health care system.

Transactional Analysis as a Health System

Newton (2007) developed the metaphor of transactional analysis as a health system. This way of using TA models in the developmental transactional analysis arena has been an important blueprint for our work. The positive, affirming nature of the models and the language, which is respectful and

from an “I’m OK, You’re OK” attitude, is very different from the usual transactions from Controlling Parent to Adapted Child that the CCWs encounter in most of their life. The high level of positive stroking has the power to break down barriers. As facilitators, we both talk and embody the models and transcend the barriers by validating each person and his or her understanding and lived experience. The group and facilitators together create the body of knowledge, ensuring its relevance to peoples’ lived experience. The facilitators do not claim to be the experts. They share what they know in terms of the models, then invite participants to share what they know, and together make new meaning. By the end of a workshop, the CCWs’ understanding of self is quite different from what it had been at the start. We hear people using transactional analysis language and speaking of being in the yellow window, or no longer being a Rescuer but instead setting boundaries, or staying in the OK-OK box when they communicate with their managers.

Resilience of the Human Spirit

Even in resource-poor communities with high levels of disease and economic challenges, people move forward and give their best to their clients, even when the latter are often ungrateful and demanding. The passion and dedication of the CCWs keeps them going. They amaze us every time with what they do in such trying circumstances.

Support From Organizations

It has become increasingly clear that in organizations in which CCWs feel most supported and affirmed, they are better able to apply transactional analysis concepts in the work context and thus impact the organizational culture. This has a significant positive effect on the teams and organizations and enhances the feeling of solidarity.

How the Work Has Impacted Us

As facilitators we are impacted and transformed as we encounter each group. As the CCWs begin to change their understanding, so we continue to reframe our understanding of transactional analysis and to make new meaning of our lived experience. One of us (Karen) comes from the Caucasian group that made up the oppressors in the apartheid era. Her family script carried some beliefs about political engagement, and she remembers her mother telling her to “stay out of conversations about religion, sex, and politics” and then she would be safe. There has been deep healing in doing this work with mostly black people from the previously oppressed group. It feels like a privilege to be trusted with peoples’ stories and to begin breaking up their perception and fear of white people being dominating and disrespectful of African people.

The other author (Mandisa) comes from the African group that was previously oppressed. Through this work, she has developed a deeper appreciation of and sense of gratitude for belonging to a community of people who strive to make do with what little they have. Her own life is also richer as she allows people more easily into her space, and she notices herself becoming less distant as an individual.

Our shared understanding of transactional analysis provides a language with which to make new meaning of our shared humanity in the democratic South Africa. By being authentic and open to continually questioning our own practice, we grow in our understanding of ourselves and others and become better transactional designers.

Conclusion

The work described in this article began with one workshop in the Western Cape of South Africa in 2001. It has now been replicated in three other provinces in South Africa (Northern Cape, Kwa-Zulu

Natal, and Eastern Cape) as well as in other African countries (most recently Zimbabwe). It is clear that training more facilitators who speak local languages would enable the spread of this work to even more areas in Africa. There is also a need for more work to indigenize the language of transactional analysis. South Africa has 11 official languages, and the work done so far with the isi-Xhosa language is but the beginning in translating essential transactional analysis concepts into many of the other languages.

Through the power of transactional analysis, we have seen evidence of personal shifts, of people finding their voices and coming into their power. From time to time we witness the radical transformation of individuals, as in the example of the caregiver who became a nurse. We acknowledge that there are many factors that influence peoples' growth and transformation, and we know that once people have come into contact with transactional analysis, their worldview changes. And every time we do this work, our worldviews change as well. Berne spoke of transactional analysis as a radical psychiatry. In the work described in this article, psychological support is no longer the preserve only of the privileged: It changes the lives of people who are doing amazingly brave work at the grass-roots level.

We dedicate this article to the memory of Nelson Rolihlahla Mandela, who died on 5 December 2013. His life inspires us to continue to live and teach transactional analysis models to all the peoples of South Africa. "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead" (Mandela, 2002).

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